STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING _ FCL092149 07/02/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1616 RIVER KNOLL DRIVE COMMON GROUND AT RIVER KNOLL** RALEIGH, NC 27610 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 This report is of a biennial construction survey done by Bob Getchell on July 2, 2015. This facility was first licensed as a Family Care Home for six (6) ambulatory residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency) on April 4, 2009. Based on this we are requiring the home to be in compliance with the 2005 "Rules 10A NCAC 13G for the Licensing of Family Care Homes ", and, the 2009 North Carolina State Building Code, Section 421.2 - Residential Care Homes. Deficiencies were noted which will require a new plan of correction. C 110 Construction-Basement, Attic C 110 SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (g) The basement and the attic shall not to be used for storage or sleeping. This Rule is not met as evidenced by: 1. Based on observation, the attic was not maintained safe. Findings include: There are items being stored in the attic C 149 Outside Entrances/Exits-Handrails At Porches C 149 SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (f) All steps, porches, stoops and ramps shall be

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		FCL092149	B. WING		07/0	2/2015
	PROVIDER OR SUPPLIER N GROUND AT RIVER	KNOLI 1616 RIV	DDRESS, CITY, S ER KNOLL D I, NC 27610	TATE, ZIP CODE RIVE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
C 149	provided with hands This Rule is not me 1. Based on observer not maintaine Findings include: a) Some of the spi are warped and corb) A section of the loose at the right er	rails and guardrails. et as evidenced by: vation, the exterior handrails d safe. ndles on the front handrails ming loose. back deck railing has come	C 149			
C 151	The laundry equipm shall be located out bedroom areas. This Rule is not med. Based on observex haust was not med. Findings include: The backdraft dam.	ata LAUNDRY ROOM nent in a family care home of the living, dining, and et as evidenced by: vation, the clothes dryer aintained operable. per on the clothes dryer aged with lint and coming	C 151			
C 152	smooth, non-skid m to be easily cleanat (b) Scatter or thro	amily care home shall be of naterial and so constructed as	C 152			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X A. BUILDING: 01			(X3) DATE SURVEY COMPLETED	
		FCL092149	B. WING		07/	02/2015	
NAME OF I	PROVIDER OR SUPPLIER	•	ADDRESS, CITY, S	STATE ZID CODE	077	02/2013	
		1616 RI	VER KNOLL D				
соммо	N GROUND AT RIVE	RKNOLI	H, NC 27610				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
C 152	Continued From pa	age 2	C 152				
		et as evidenced by: vation, the floors were not					
	Findings include: The floor covering locations: a) Front right reside b) Front left reside						
C 153	Houskeeping And I	Furnishings-Clean, Repaired	C 153				
	FURNISHINGS (a) Each family ca (1) have walls, ce coverings kept clea (2) have no chron (3) have furniture	315 HOUSEKEEPING AND					
	1. Based on obser	et as evidenced by: vation, the bedroom ot maintained in good repair.					
	Findings include: In the back right be has handles loose	edroom the chest of drawers and missing					
C 168	Fire Extinguishers		C 168				
	DISASTER PLAN (a) Fire extinguish	THE BUILDING 316 FIRE SAFETY AND hers shall be provided which am requirements in a family					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				B) DATE SURVEY COMPLETED	
		FCL092149	B. WING		07/0	2/2015	
				STATE, ZIP CODE	1 0170	2/2010	
COMMO	N GROUND AT RIVER	! KNOLI	R KNOLL D	RIVE			
		RALEIGH,	NC 27610				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROINT DEFICIENCY)	D BE	(X5) COMPLETE DATE	
C 168	Continued From pa	ge 3	C 168				
	type centrally located (2) one five pound type located in the k (3) any other locat enforcement officia. This Rule is not me 1. Based on observe protection equipme safe manner. This not having fire protection is in an emergence of the inspection tags.	or larger "A-B-C" or CO/2 kitchen; and ion as determined by the code I. et as evidenced by: vation, the building fire nt was not maintained in a would affect all residents by ection equipment operable for by. s on the fire extinguishers and monthly checks are not					
C 174	SECTION .0300 - T 10A NCAC 13G .03 EQUIPMENT (a) The building ar mechanical, and plu care home shall be operating condition (j) This Rule shall family care homes. This Rule is not me 1. Based on observ components were r condition.	and all fire safety, electrical, umbing equipment in a family maintained in a safe and apply to new and existing	C 174				

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	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED		
	FCL092149	B. WING		07/0	2/2015		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
COMMON GROUND AT RIVER KNOLL 1616 RIVER KNOLL DRIVE PALEIGH NC 27610							
(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU	JLD BE	(X5) COMPLETE DATE		
Continued From pa	ge 4	C 174					
loose.							
2. Based on obser- components were r having doors that d latch. This could at Findings include: The following doors a) Back right bedro door knob, b) Front left resider and will not close a	not maintained operable by id not close completely and ffect a residents privacy. s have issues: om bathroom door has a loose at bedroom door scrubs frame and latch,						
Findings include:							
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa loose. 2. Based on obser components were r having doors that d latch. This could at Findings include: The following doors a) Back right bedro door knob, b) Front left resider and will not close a 3. Based on obser was not maintained Findings include: In the left staff bedro	FCL092149 PROVIDER OR SUPPLIER N GROUND AT RIVER KNOLL SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 loose. 2. Based on observation, the interior building components were not maintained operable by having doors that did not close completely and latch. This could affect a residents privacy. Findings include: The following doors have issues: a) Back right bedroom bathroom door has a loose door knob, b) Front left resident bedroom door scrubs frame and will not close and latch, 3. Based on observation, the electrical system was not maintained safe. Findings include: In the left staff bedroom a duplex outlet is missing	PROVIDER OR SUPPLIER PROVIDER OR SUPPLIER STREET ADDRESS, CITY,	OF CORRECTION FCL092149 B. WING	OF CORRECTION DENTIFICATION NUMBER: A. BUILDING: 01		

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